## CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD SAN DIEGO REGION

## SANITARY SEWER OVERFLOW REPORT FORM

## 06/13/2001

## ALL ITEMS ARE REQUIRED TO BE ADDRESSED.

1.	THIS REPORT IS (CIRCLE	E ONE):	PRELIMINAR	Y FINAL	REVISED FINAL	
2.	SANITARY SEWER OVERFLOW SEQUENTIAL TRACKING NUMBER:					
3.	REPORTED TO: (ENTER	FAX, VO	CE MAIL, OR N	IAME OF REGIO	NAL BOARD STAFF	
4.	DATE REPORTED:	/ /	_ (MM/DD/YY)			
	TIME REPORTED::	(MI	LITARY OR 24	HOUR TIME)		
5.	REPORTED BY:					
6.	PHONE: ( )					
7.	REPORTING SEWER AGENCY:					
8.	RESPONSIBLE SEWER AGENCY:					
9.	OVERFLOW START:	DATE:	//	_ (MM/DD/YY)		
		TIME: _	: (M	ILITARY OR 24 I	HOUR TIME)	
10.	OVERFLOW END:	DATE:	//	_ (MM/DD/YY)		
		TIME: _	: (MI	LITARY OR 24 H	OUR TIME)	
11.	ESTIMATED OVERFLOW FLOW RATE: (GALLONS PER MINUTE)					
12.	TOTAL OVERFLOW VOLUME: (GALLONS)					
13.	OVERFLOW VOLUME RECOVERED: (GALLONS)					
14.	OVERFLOW VOLUME RELEASED TO ENVIRONMENT: (GALLONS)					
SAN	IITARY SEWER OVERFLO	W LOCAT	ION AND DESC	CRIPTION:		
15.	STREET:			- —		
	CITY:			CODE:		
16.	COUNTY: (SD, RI, OI	₹)				

17.	SANITARY SEWER OVERFLOW STRUCTURE I.D.:						
18.	NUMBER OF OVERFLOWS WITHIN 1000 FT. OF THIS LOCATION IN PAST 12  MONTHS  DATES OF OVERFLOWS WITHIN 1000 FT OF THIS LOCATION IN PAST 12 MONTHS						
19.							
20.	OVERFLOW CAUSESHORT DESCRIPTION CIRCLE ONE						
	ROOTS	GREASE	LINE BREAK	INFILTRATION			
	ROCKS	BLOCKAGE	POWER FAILURE	PUMP STATION FAILURE			
	DEBRIS	VANDALISM	FLOOD DAMAGE	MANHOLE FAILURE			
	OTHER	UNKNOWN	CONSTRUCTION	PRIVATE PROPERTY			
21.				SE			
22.			CORRECTION DESCRI VE MEASURES TAKEN (				

23.	WAS THERE MEASURABLE PRECIPITATION DURING 72-HOUR PERIOD PRIOR TO THE OVERFLOW? $\_\_$ (Y OR N)
INIT	TAL AND SECONDARY RECEIVING WATERS:
24.	DID THE SANITARY SEWER OVERFLOW ENTER A STORM DRAIN? (Y OR N)
25.	DID THE SANITARY SEWER OVERFLOW REACH SURFACE WATERS OTHER THAN A STORM DRAIN? $\_\_$ (Y OR N)
26.	NAME OR DESCRIPTION OF INITIAL RECEIVING WATERS. (IF NONE, TYPE NONE)
27.	NAME OR DESCRIPTION OF SECONDARY RECEIVING WATERS. (IF NONE, TYPE NONE)
28.	IF THE SANITARY SEWER OVERFLOW DID NOT REACH SURFACE WATERS, DESCRIBE THE FINAL DESTINATION OF SEWAGE.
NO	TIFICATION:
29.	WAS THE LOCAL HEALTH SERVICES AGENCY NOTIFIED? (Y OR N)
30.	IF THE OVERFLOW WAS OVER 1,000 GALLONS, WAS THE OFFICE OF EMERGENCY SERVICES (OES) NOTIFIED? $\_$ (Y or N) (NOT APPLICABLE, ENTER NA)
AFF	ECTED AREA POSTING:
31.	WERE SIGNS POSTED TO WARN OF CONTAMINATION? $\_\_$ (Y OR N)
32.	LOCATION OF POSTING (IF POSTED):
33.	HOW MANY DAYS WERE THE WARNING SIGNS POSTED?
34.	REMARKS:

Sanitary Sewer Overflow Report Form -4-						
NOTES:						
<ol> <li>FOR DESCRIPTIONS AND CLARIFICATIONS OF ALL ITEMS ON THIS FORM, REFER TO ORDER NO. 96-04 AS AMENDED, INCLUDING THE DOCUMENT ENTITLED, "REQUIRED FIELDS FOR ORDER NO. 96-04 QUARTERLY SUMMARY REPORT."</li> <li>IF THE SANITARY SEWER OVERFLOW EVENT RESULTS IN A DISCHARGE OF 1,000 GALLONS OR MORE, OR IN A DISCHARGE TO SURFACE WATERS, THIS FORM MUST BE RECEIVED BY THE REGIONAL BOARD NO LATER THAN FIVE DAYS AFTER THE OVERFLOW START DATE.</li> </ol>						
The following certification must be completed with the five-day notice:						
I swear under penalty of perjury that the information submitted in this document is true and correct. I certify under penalty of perjury that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.						
Signature						
Name						
Title						
Date						